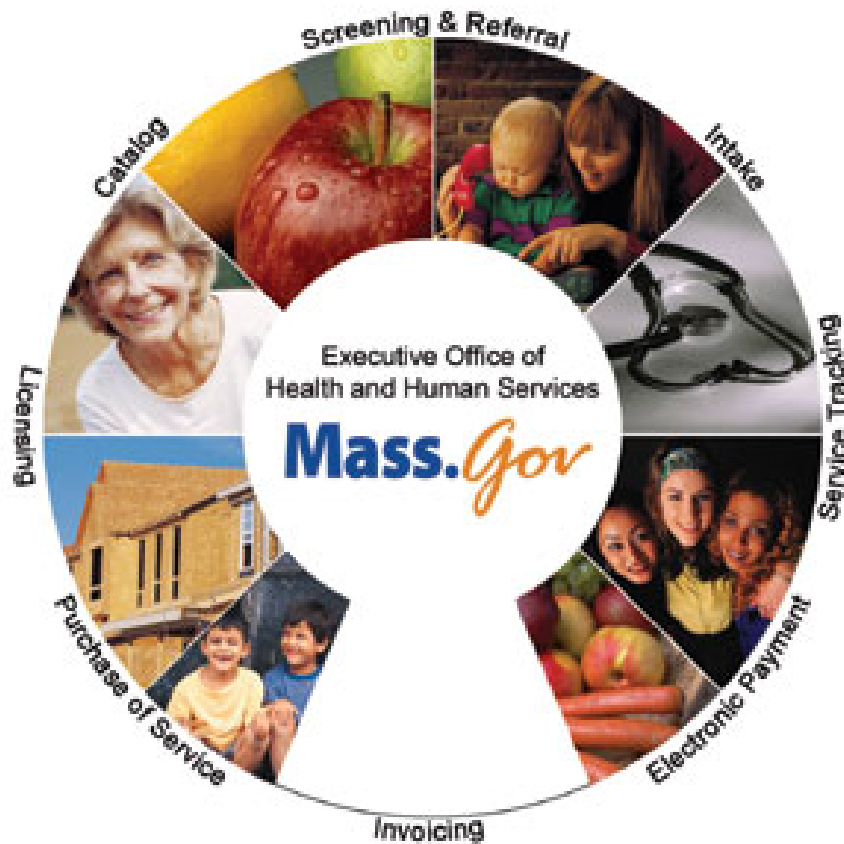


**Commonwealth of Massachusetts  
Executive Office of Health and Human Services**

---

**Virtual Gateway**



**Application Intake  
Women's Health Network  
EIM/ESM  
DRAFT – FOR PILOT USE ONLY**



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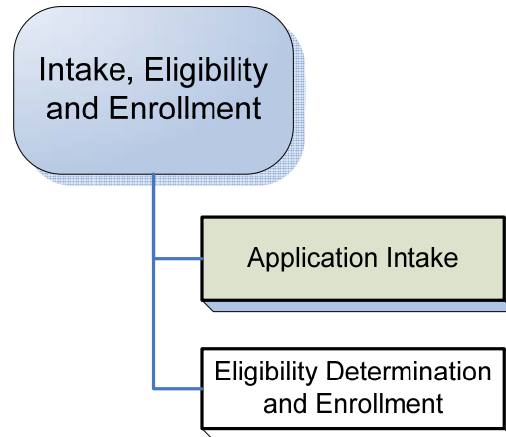


## DRAFT – FOR PILOT USE ONLY

### Chapter 1: Introduction and Overview

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#### Course map



#### Overview of Module

This module covers processes for entering applicant information for the Women's Health Network using the Common Intake Data Collection tool.

In this module manual, providers learn how applicant information is entered into Common Intake and forwarded to ESM for eligibility determination and enrollment.

Topics include:

- Introduction to Common Intake
  - Getting started with Common Intake
  - Entering applicant data
  - Submitting completed applications
  - Additional features in Common Intake
-

**Business  
Process  
Overview**

The table below provides a business process overview of the initial steps for Women's Health Network applications:

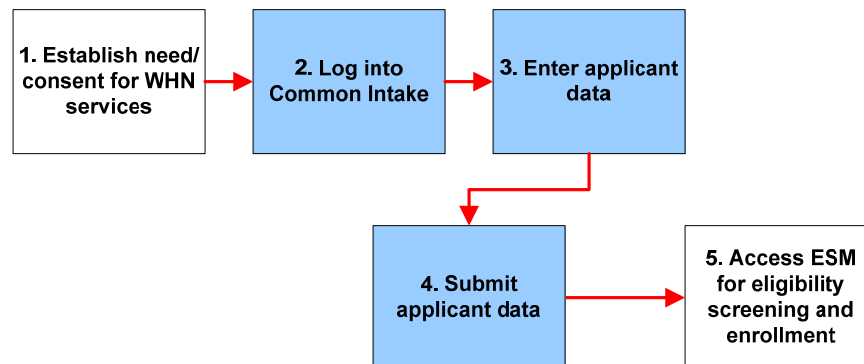
<b>Who</b>	Provider Intake Staff who enroll applicants in Women's Health Network (WHN).
<b>What</b>	<ul style="list-style-type: none"><li>• Enter applicant intake information using Common Intake Data Collection tool</li><li>• Submit applicant information for forwarding to ESM for eligibility screening and enrollment</li></ul>
<b>When</b>	After submitting applicant information, applicant data is automatically imported into ESM for eligibility screening and enrollment.



## DRAFT – FOR PILOT USE ONLY

### Workflow

The workflow below displays the process for collecting and submitting applicant data for Women’s Health Network. Steps 2 – 4 (shaded) are completed using the Common Intake data collection tool and are covered in depth in later chapters of this manual.



1. Work with the applicant to establish:
  - a. the need for Women’s Health Network services,
  - b. that the applicant is not a current Women’s Health Network member or receiving MassHealth,
  - c. and the applicant’s consent to apply for WHN services.
2. Log into the Virtual Gateway Common Intake data collection tool.
3. Enter applicant data.
4. Submit applicant data.
5. Access ESM for eligibility screening and enrollment.



**Notes:**





## DRAFT – FOR PILOT USE ONLY

### Chapter 2: Common Intake Introduction/Overview

---

#### **What is Common Intake?**

Consumers and service providers now have access to program information and a powerful set of tools over the Internet. The Executive Office of Health and Human Services (HHS) web page at Mass.gov ([www.mass.gov/eohhs](http://www.mass.gov/eohhs)) serves as a single access point on the Internet for a wide variety of programs from health-care to child care to new services for providers.

Common Intake, one of the services available through the Virtual Gateway, serves three important groups:

- Internal Health and Human Services staff
- Service provider/agency staff (in particular intake workers)
- The general public

Providers use the electronic common application in Common Intake to apply for individual or multiple programs on behalf of applicants. Applications may originate in medical settings (hospitals, community healthcare centers) or other provider settings, such as community action programs or homeless shelters. All Women's Health Network applications originate in Common Intake.

Programs available through the Common Intake form include:

- |                                     |   |
|-------------------------------------|---|
| • Women's Health Network            | • MassHealth  |
| • Food Stamps                       | • Childcare   |
| • Women, Infants and Children (WIC) | • Mass Commission for the Deaf and Hard of Hearing    |
| • Mass Commission for the Blind     | • Mass Rehabilitation Commission                      |
| • Long-term Care for Elders         | • Chelsea and Holyoke Soldiers' Home patient services |

When someone applies to Women's Healthcare Network through Common Intake, the data gathered is sent to ESM, where the applicant is screened and enrollment is determined.

---



**Notes:**



## DRAFT – FOR PILOT USE ONLY

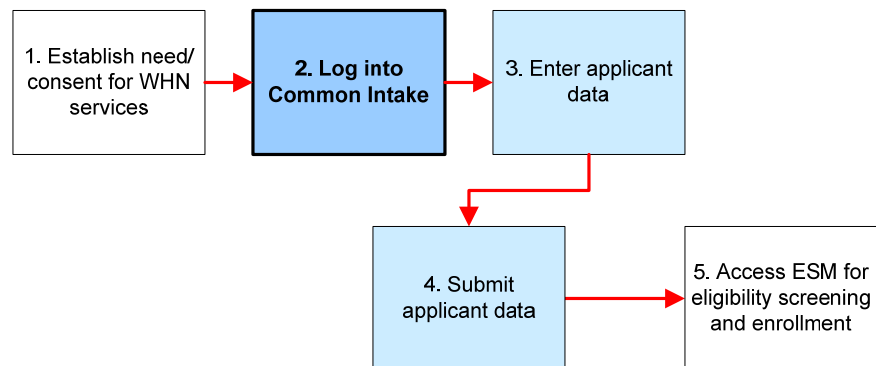
### Chapter 3: Getting Started

---

#### Introduction

This chapter provides information on the navigation basics of Common Intake including:

- Accessing the Common Intake provider dashboard (Step 2 in the process flow)
- Password Management
- Navigating the Common Intake provider dashboard page
- Initiating an Application through the provider dashboard
- Common Intake navigational basics



#### Accessing the Common Intake Dashboard

Follow these steps to log into Common Intake and access the Common Intake Dashboard:

1. Open an Internet browser session.
  2. Type web address [www.mass.gov/eohhs](http://www.mass.gov/eohhs) in browser.  
*The **Health and Human Services** portal page appears.*
-



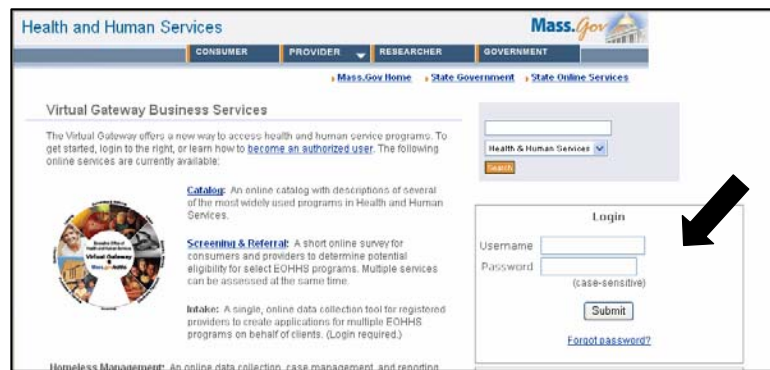
## Accessing the Common Intake Dashboard (Continued)

3. Click the blue **Provider Services Gateway Enter>>** box.



*The Virtual Gateway Business Services page appears.*

4. Enter your **Username** and **Password** in the **Member Login** box.



**Note:** Security requires that each person have a Virtual Gateway assigned username and password.



## DRAFT – FOR PILOT USE ONLY

### Accessing the Common Intake Dashboard

(Continued)

- Click the **Login** button.  
*The post-login Virtual Gateway Business Services portal page appears. Once you are logged in, you will have access to the Common Intake Tool.*
- Click the **Common Intake Form** link to access the Dashboard.

Health and Human Services

Jan 30, 2006

CONSUMER PROVIDER RESEARCHER GOVERNMENT

Mass.Gov Home State Government State Online Services

Welcome

Last Update: January 30, 2006 2:20 PM

Virtual Gateway Business Services

Search

Health & Human Services

The Virtual Gateway will be unavailable August 24 from 10 PM until 6 AM, for system maintenance.

Virtual Gateway Help Desk:  
1-800-421-0938  
9 AM to 5 PM Monday - Friday

Services

Catalog of Services  
Common Intake Form

Account Management

Password Management  
Log Out

*The Common Intake Dashboard page appears:*

Health and Human Services

Mass.gov

Mass.Gov Home Help

Welcome Intake Trainee52

Current Location EOHHS

What Would You Like to Do Today?

Start a New Application  
Complete a Screening Survey  
Submit Common Intake Feedback  
Check MassHealth Member Status (REVS)  
Frequently Asked Questions  
Search For MassHealth Applicant  
Enter Application Inbox  
View the latest Virtual Gateway Training Materials

Incomplete Applications

Incomplete for Yourself  
Incomplete applications for EOHHS

Search For Application

Application Number: [text box]  
Status: All  
Created By: My Organization  
Last Updated/Submitted Date Range: mm/dd/yyyy to mm/dd/yyyy  
Search

Create a Report

Programs Applied For: Child Care, MassHealth, Food Stamps Benefits, Women's Health Network (WHN)  
Status: All  
Last Updated/Submitted Date Range: mm/dd/yyyy to mm/dd/yyyy  
Create Report

General Information and Announcements

Exit Dashboard



## Password Management

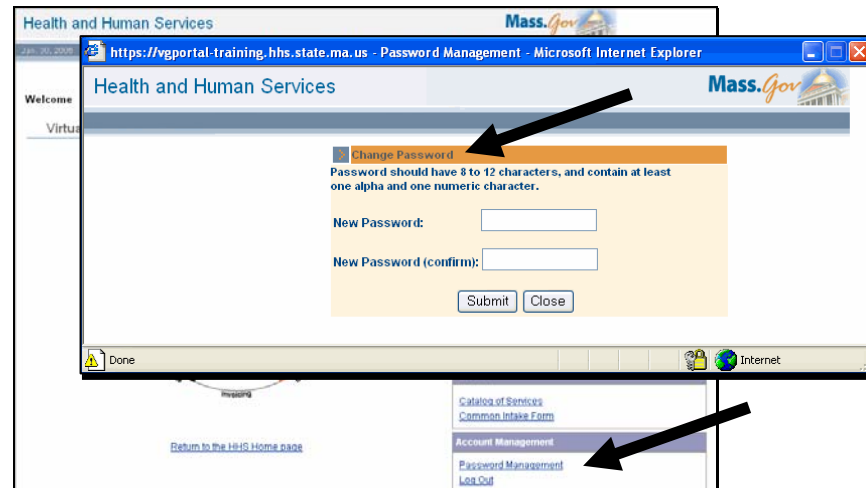
Once you login, and before you select Common Intake, you can change your password.

Password policy rules:

- The user will be assigned an ID and temporary password sent through e-mail by the Virtual Gateway help desk
- The user must change their password after first log in
- The password must be between 8 and 12 characters and at least 1 alpha and 1 numeric character
- Passwords are case sensitive
- Users will be automatically logged out of the system after 60 minutes of inactivity.

Follow these steps to change your password:

1. Click the **Password Management** link.  
*The **Change Password** popup window appears.*



2. Type new **password** twice.
3. Click **Submit** button.
4. Click **Close** button.



## DRAFT – FOR PILOT USE ONLY

### Navigating the Common Intake Dashboard

The following is an example of the **Common Intake Dashboard** page and highlights of a few key components.

The screenshot shows the 'Health and Human Services' dashboard. At the top, it displays 'User Name' and 'Facility'. Below the header, there's a 'Welcome' message and 'Current Location: EOHHS'. The main content area is divided into several sections:

- What Would You Like to Do Today?**: A list of links including 'Start a New Application', 'Complete a Screening Survey', 'Submit Common Intake Feedback', 'Check MassHealth Member Status (REVS)', 'Frequently Asked Questions', 'Search For MassHealth Applicant', 'Enter Application Inbox', and 'View the latest Virtual Gateway Training Materials'.
- Search For Application**: A search form with fields for 'Application Number', 'Status' (dropdown), 'Created By' (dropdown), 'Last Updated/Submitted Date Range' (date pickers), and a 'Search' button.
- Incomplete Applications**: A section with links for 'Incomplete for Yourself' and 'Incomplete applications for EOHHS'.
- Create a Report**: A form with 'Programs Applied For' (dropdown), 'Status' (dropdown), 'Last Updated/Submitted Date Range' (date pickers), and a 'Create Report' button.

Callout boxes with arrows point to specific features:

- Start a New Application**: Points to the 'Start a New Application' link in the 'What Would You Like to Do Today?' section.
- Incomplete Application**: Points to the 'Incomplete applications for EOHHS' link in the 'Incomplete Applications' section.
- Search**: Points to the 'Search For Application' section.
- Reports**: Points to the 'Create a Report' button.

**Note:** The Dashboard is a portal to all Common Intake functionality; use the Dashboard to access tools available to you from EOHHS.



## Initiating an Application through the Dashboard

From the Dashboard, click the **Start a New Application** link to access the **Common Intake** page.

Health and Human Services

Welcome Nick Laughlin

Current Location Boston Medical Center - PFS

**What Would You Like to Do Today?**

- [Start a New Application](#)
- [Complete a Screening Survey](#)
- [Submit Common Intake Feedback](#)
- [Check MassHealth Member Status \(REVS\)](#)
- [Frequently Asked Questions](#)
- [Search For MassHealth Applicant](#)
- [Application Inbox](#)

**Search For Application**

Application Number:

Status:

Created By:

Last Updated/Submitted Date Range:  to

*The Common Intake Application is started.*

## Common Intake Navigational Basics

The following example of a **Common Intake** page highlights key navigational features.

**Application Number and User ID**

**Mass.gov Home**  
Return to the Mass.gov website

**Help link**

**Suspend Application**  
Stops the application in process and saves it for later access

**Cancel Application**  
The application is aborted and cannot be accessed later

Health and Human Services

App#: 107292  
User: Intake Trainee52  
Location: EOHHS  
[Suspend Application](#)  
[Cancel Application](#)

☒ [Initiate Application](#)  
☒ [Personal Information](#)  
☒ [Income Information](#)  
☐ [Insurance Information](#)  
☐ [Additional Information](#)  
☐ [Submit Application](#)

**Salary Wage Income Information**

Does anyone in the household currently have salary/wage income (including self-employment)?\*

Who has salary/wage income? \*

Pay Period:  Salary/Wage or net self-employment income amount, including tips:

**Tip:** If you suspend the application, you can retrieve it from the **Incomplete Applications** section of the dashboard by clicking the **Incomplete for Yourself** link.





## DRAFT – FOR PILOT USE ONLY

### Online Help

Online help is available on each page. Help text is available explaining key questions and the purpose of each page. When you click the Help link, online help launches text in a separate browser window.



#### Page Level Help

##### Name and Address

##### Page Description:

This screen collects information about the head of household. If you are completing this application for someone else, answer all questions based on the head of household situation. Click 'Save and Continue' to save the data and advance to the next screen.

#### Question Level Help

**First Name:** Enter the head of household's legal first name. A legal name is what is listed on a Social Security card or birth certificate or is used for all business purposes. Do not enter an alias or a nickname.

**Middle Name:** Enter the head of household's middle name.

**Last Name:** Enter the head of household's legal last name. A legal name is what is listed on a Social Security card or birth certificate or is used for all business purposes.

**Suffix:** Click on the drop-down box and select the suffix of the head of household, if they have one.

**Address Type:** Click on the drop-down box and select whether the applicant's address is permanent or



## Look and Feel of the Common Intake Application

The following diagram illustrates some basic features of the  
**Common Intake Application.**

The screenshot shows the 'Name and Address' section of the Common Intake Application. The form includes fields for 'Head of Household Name' (First Name, Middle Name, Last Name, Suffix), 'Residence Address' (Address Type, Street Number, Street Name, City, Town, State, Zip Code, Unit, Housing Type, Suffix), and contact information (Day/Work, Evening/Home, Cellular, Day Fax, Evening Fax Telephone Numbers). There are also checkboxes for 'Homeless Indicator' and 'TTY Indicator'. The form has a 'Go Back' button and a 'Save and Continue' button. Annotations point to various features: 'Fill-in boxes are used to input' points to the First Name field; 'Brown triangles indicates information needed for the most appropriate eligibility determination' points to the Address Type and City fields; 'Red asterisk and blue shading indicate mandatory information' points to the First Name, Last Name, and State fields; 'Drop-down boxes allow you to select an answer from a predetermined list' points to the Address Type and State fields; and 'Check boxes are either checked or unchecked' points to the TTY Indicator checkboxes.

**Fill-in boxes** are used to input

**Brown triangles** indicates information needed for the most appropriate eligibility determination

**Red asterisk and blue shading** indicate mandatory information

**Drop-down boxes** allow you to select an answer from a predetermined list

**Check boxes** are either checked or unchecked

### Tips:

- Pressing the **Tab** key will move your cursor from field to field logically through the page
- Pressing the first letter of an option in a drop-down box cycles that option to the letter (i.e., pressing **M** while on the **State** field will populate the field with 'Massachusetts')



## DRAFT – FOR PILOT USE ONLY

### Look and Feel of the Common Intake Application (Continued)

The following is an example of how error messages display on the page.

Error messages  
appear at the top  
of the page in red

M0063: You have specified an invalid Massachusetts Zip or Postal Code. Please specify a valid Zip or Postal Code.

App#:107302

User: Intake Trainee52

Location: EOHHS

[Cancel Application](#)

**Name and Address**

**Head of Household Name:**

First Name: \* Anna Middle Name: Last Name: \* Boullivar Suffix: \*


**Residence Address:**

Homeless Indicator: ☐



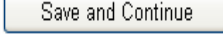

Street Number: \* 100 Suffix: Street Type: \* Street Unit: City: \* Boston State: \* Massachusetts Zip Code: \* 00211 -

Does the household have a different mailing address? No

Errors must be corrected before you can continue to the next page.

When using the Virtual Gateway, the  button in your browser window is disabled. Use the buttons that display at the bottom of your page to navigate through the Common Intake Application. The following table provides information about how these buttons function:

### Intake Buttons

Button	When to Use It
	Save the information on the screen and then clear the fields to allow a new record to be added
	Go to summary page without saving the data on the screen
	Save the information on the page and proceed to the next screen
	Print the screen or form you are currently viewing

**Look and Feel  
of the Common  
Intake  
Application  
(Continued)**

The **Cancel and Go Back** button navigates you to a summary page for the section you were just working on. Information for each section within a module is grouped together and contains links that allow you to edit, add, or delete records.

Check marks indicate what you have completed

**Health and Human Services**

App#:122992

User: Nick Laughlin  
Location: Boston Medical Center - PFS  
[Suspend Application](#)  
[Cancel Application](#)

☒ [Initiate Application](#)  
☒ [Personal Information](#)  
☒ [Income Information](#)  
☒ [Expense Information](#)  
☒ [Asset Information](#)  
☒ [Insurance Information](#)  
☒ [Additional Information](#)  
☐ [Submit Application](#)

**Additional Information Summary**

**Primary Care Provider Information**  
Does anyone in the household have a primary care provider? Yes  
[Add Another](#)

Primary Care Provider Name: Margaret Green  
Who in the household sees this primary care provider? Mary Maple  
Telephone Number: 617-223-8883  
Date of Last Visit: 01/01/2005  
Date of Next Visit: 06/01/2005

**Provider Address:**  
Street Number: 123  
Street Name: Maple  
Suffix:  
Street Type: Drive  
Unit:  
City: Boston  
State: Massachusetts  
Zip or Postal Code: 02111

[Remove](#) [Edit](#)

**Mental Health Provider Information**  
Does anyone in the household have a mental health provider?

**Add Another** returns you to a blank entry page to add another record

Summaries can also be accessed through links for completed sections

**Remove** deletes a record

**Edit** returns you to the entry page to make changes

Click **Save and Continue** from a summary page to return to where you left off and complete the application.



## DRAFT – FOR PILOT USE ONLY

### Look and Feel of the Common Intake Application (Continued)

The following page illustrates additional information that maybe required, based on how you respond to certain questions.

Certain  
questions may  
require follow-  
up information

In this example, the  
*Yes* response  
generated additional  
fields to complete

Health and Human Services

Mass.gov

Mass.Gov Home Help

App#:107292

User: Intake Trainee52

Location: EOHHS

[Suspend Application](#)

[Cancel Application](#)

☒ [Initiate Application](#)

☒ [Personal Information](#)

☒ [Income Information](#)

☐ [Insurance Information](#)

☐ [Additional Information](#)

☐ [Submit Application](#)

**Salary Wage Income Information**

Does anyone in the household currently have salary/wage income (including self-employment)?\* Yes

Who has salary/wage income?\* Anna Bouliyar

Pay Period: Weekly

Salary/Wage or net self-employment income amount, including tips: \$ 263

[Save and Add Another](#)

[Cancel and Go Back](#) [Save and Continue](#)



**Notes:**

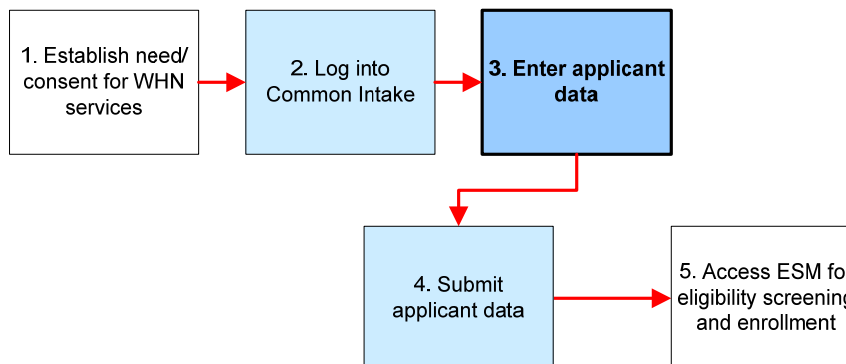


## DRAFT – FOR PILOT USE ONLY

### Chapter 4: Entering an Application Using the Common Intake Data Collection Tool

#### Introduction

Entering a Common Intake Application (Step 3 in the process flow) entails completing all required modules of the application process.



This chapter walks you through each module of the Common Intake process for a Women’s Health Network (WHN) application. The modules required for completing the WHN application include:

- Initiating the application
- Entering personal information
- Entering income information
- Entering insurance information
- Entering additional information
- Submitting the application

**Important:** Common Intake leads you through one common application that may be used to apply for multiple programs and services other than Women’s Health Network. Programs selected determine which modules, pages, and questions display. This manual provides examples you might see specifically for the Women’s Health Network program. For information regarding other programs, refer to the general Common Intake User Manual.



## Getting Started

To initiate a Common Intake application, you must be logged into Common Intake and have the Provider Dashboard displayed (see the topic: *Accessing the Common Intake Dashboard*).

1. Log into Common Intake
2. Click the **Start a New Application** link.

Mass.Gov Home Help

Welcome Intake Trainee52 Current Location: EOHHS

**What Would You Like to Do Today?**

- [Start a New Application](#)
- [Complete a Screening Survey](#)
- [Submit Common Intake Feedback](#)
- [Check MassHealth Member Status \(REVS\)](#)
- [Frequently Asked Questions](#)

**Search For Application**

Application Number:

Status:

Created By:

Last Updated/Submitted Date Range:  to

*The **Online Application for Services** page appears which is the first page in the Initiate Application Module.*

## Initiate Application: Choose Services

The following is an example of the **Online Application for Services** page.

Mass.Gov Home Help

**Welcome to the Online Application for Services**

User: Intake Trainee52  
Location: EOHHS  
[Cancel Application](#)

You have chosen to apply online for one or more of the social services offered through this website. Click on the appropriate link for information about a specific type of service.

Please select the services for which the entire household is applying for and click on the 'Save and Continue' button:

- ☐ [Child Care](#)
- ☐ [Health Insurance and Health Assistance Programs](#)
  - MassHealth
  - Healthy Start
  - Children's Medical Security Plan(CMSP)
  - MassHealth for Seniors and People Needing Long-Term-Care Services at home
  - Uncompensated Care Pool
- ☐ [Food Stamps Benefits](#)
- ☒ [Women's Health Network \(WHN\)](#)
- ☐ [Women, Infant, and Children \(WIC\) Services](#)
- ☐ [Community Services and Long-term Support](#)
  - [Home care services for elders \(or seniors\)](#)
  - [Vocational rehabilitation services](#)
  - [Services for individuals who are legally blind](#)
  - [Services for children with mental retardation or developmental disabilities](#)
  - [Services for adults with mental retardation](#)
  - [Assistive Technology Fund for the Deaf and Hard of Hearing](#)
  - [Case Management and Social Services for the Deaf and Hard of Hearing](#)
  - [Services for adults with a mental health condition](#)
  - [Services for children with a mental health condition, including serious emotional disturbance](#)
  - [Services for veterans seeking inpatient, outpatient, or domiciliary care \(Chelsea Soldiers' Home\)](#)
  - [Services for veterans seeking inpatient, outpatient, or domiciliary care \(Holyoke Soldiers' Home\)](#)

The programs or services that can be applied for using Common Intake are displayed.





## DRAFT – FOR PILOT USE ONLY

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### Initiate Application: Choose Services (Continued)

**Note:** Each program name is also a link into the Virtual Gateway catalog of programs. Simply click on a program name to access additional information about each program (e.g., description of the program, who is eligible, how to apply).

To apply for programs:

1. Check the check box(es) next to the program(s) for which the applicant wishes to apply.
2. Click the **Save and Continue** button to save your selections and continue to the next page.

*The **Assisting Person** page appears. This is the first page in the Initiate Application Module.*

---

### Initiate Application: Assisting Person Information

The **Assisting Person Information** page collects information about who is providing the data for the application. In most cases it is the Household Member.

The initial view of the Assisting Person Information page offers options that will determine if additional information is needed.

Mass.Gov Home Help

**Assisting Person Information**

Who is providing information?\*

Cancel and Go Back Save and Continue

If there is an emergency situation and the applicant cannot supply their own information, you would need to select Assisting Person from the **Who is providing information?** drop down list and complete the required information. Please note that the choice for **Type of Assisting Person** for a WHN application should be **Emergency Contact**. The other choices are reserved for Food Stamps (FS) and MassHealth (MH).

---



## Initiate Application: Assisting Person Information (Continued)

Mass.Gov Home Help

User: Intake Trainee52  
Location: EOHHS  
[Cancel Application](#)

### Assisting Person Information

Who is providing information?\* Assisting Person

**Assisting Person Name:**

First Name: Middle Name: Last Name:\* Suffix:

Type of Assisting Person:\* Emergency Contact

Cancel and Go Back Save and Continue

Complete the Assisting Person Information:

1. Select a response for **Who is providing information?**
2. Complete any additional fields (if applicable).
3. Select **Save and Continue**.

*The **Personal Information Name and Address** page appears*

## Personal Information: Name and Address

The following is an example of the **Name and Address** page.

**Note:** When collecting head of household information, in some cases the head of household may be the applicant.

App#:107295  
User: Intake Trainee52  
Location: EOHHS  
[Cancel Application](#)

### Name and Address

**Head of Household Name:**

First Name:\* Middle Name: Last Name:\* Suffix:

**Residence Address:**

Homeless Indicator: ☐

Street Number:\* Suffix: Street Name:\* Street Type: Unit: City:\* State:\* Zip Code:\*

Does the household have a different mailing address? No

Cancel and Go Back Save and Continue

Enter head of household information:

1. Complete each field with the requested information
2. Select **Save and Continue**  
*The **Personal Information** page appears.*



## DRAFT – FOR PILOT USE ONLY

### Personal Information: Personal Information

Complete the personal information for the applicant or household member.

App#:107292  
User: Intake Trainee52  
Location: EOHHS  
[Suspend Application](#)  
[Cancel Application](#)

Household Members  
Anna Boulivar

**Personal Information**

First Name:\* Anna Middle Name: Last Name:\* Boulivar Suffix: Name Type:\* Current Name

Is this person known by any other name? No

**Applying for Programs (select all that apply):\***

☒ Women's Health Network (WHN) ☐ None

**Demographic Information**

Gender:\* Female Date of Birth:\* 05 / 05 / 1962

What is the highest grade level completed by this person? \*

If 14 or older, what is the marital status of this person? Married

If 18 or older, is this person on active duty within the United States Armed Forces? No

If 18 or older, is this person a veteran of the United States Armed Forces with an honorable discharge or did this person serve under US command during World War II or Vietnam? No

Does this person have a Social Security Number? Yes

Social Security Number: 201 - 20 - 1201

Is this person a US Citizen? Yes

Does this person reside in MA? Yes

Ethnicity: Non Hispanic, Non Latino or Non Spanish Ethnicity

Ethnicity Type: American

Spoken Language: English

**Race (select all that apply):**

☐ American Indian/Alaska Native ☐ Asian  
☐ Black/African American ☒ Caucasian/White  
☐ Interracial ☐ Native Hawaiian/Other Pacific Islander  
☐ Other ☐ Race Unknown

**Support Services (select all that apply):**

☐ Language interpreter required ☐ Use of mobility aids  
☒ Sign language required ☐ Self-care/ADL skills impairment  
☐ CART required ☐ Other

**Special Circumstances (select all that apply):**

☐ Mental illness ☐ Mental Retardation  
☐ Developmental disability ☐ Special needs child  
☐ Vision impairment ☐ Traumatic brain injury  
☒ Hearing impairment ☐ Serious/chronic mental condition  
☐ Other

[Save and Add Another](#)

[Cancel and Go Back](#) [Save and Continue](#)

Name of household member

Program(s) member is applying for

Demographic information

Race, Support services, and Special Circumstances information

1. Click **Save and Add Another** to add additional members to the household.
2. Click **Save and Continue**.  
*The Additional Personal Information page appears.*

**Personal  
Information:  
Additional  
Information**

Complete any relevant additional information for the household member(s). If you respond **Yes** to any of the questions, you will be prompted for additional information.

App#:107298

User: Jill True

Location: EOHHS

[Suspend Application](#)

[Cancel Application](#)

Household Members

Coretta Scott

**Additional Personal Information**

Is anyone in the household pregnant?

No

Is anyone in the household unemployed, only working from time to time, or retired?

No

Is anyone in the household a victim of domestic violence?

No

Is anyone in the household HIV positive?

No

**Health History:**

Member:	Personal or first degree family history of breast and/or ovarian cancer?▶	Therapeutic radiation to the chest?▶	Clinician referral based on abnormal clinical findings for breast or cervical cancer?▶	Patient has never had a pap or not in the last five years?▶
Coretta Scott	Yes	No	Yes	No

**Contact Information**

Individual:

Day/Work Telephone:▶

Evening/Home Telephone:

Coretta Scott

617 555 1212

617 555 1111

Individual:

E-mail:

Coretta Scott

scott-c@mail.com

Cancel and Go Back

Save and Continue

Enter the additional personal information for the household members as applicable:

1. Complete each field with the requested information

**Note:** When entering information regarding an existing pregnancy, the *Due Date* cannot be in the past.

2. Select **Save and Continue**

*The Salary Wage Income Information page appears.*



## DRAFT – FOR PILOT USE ONLY

### Income Information: Salary Wage Income Information

If any household member currently has *salary* or *wage* income (income from a job), the details should be entered on the Salary Wage Income Information page.

**Note:** You should not answer “yes” to both the “Long Term Unemployment” question (found in the Personal Information Module) and “Salary/Wage Income Information” questions for any household member included on the Common Intake application.

To capture salary/wage income information:

1. Respond to the initial question: Does anyone in the household currently have salary/wage income?
2. If the response is ‘No,’ click **Save and Continue**.
3. If the response is ‘Yes,’ complete the applicable fields.
4. Click **Save and Add Another** if more than one household member has salary or wage income or one member has more than one job.
5. Click **Save and Continue**.  
*The **Other Income Information** page appears.*



## Income Information: Other Income Information

The **Other Income Information** page captures household income from sources other than a job (e.g., child support, social security, interest).

The screenshot shows the 'Other Income Information' page within the Mass.gov application intake system. The page header includes 'Health and Human Services' and the 'Mass.gov' logo. A sidebar on the left contains application details: 'App#: 107292', 'User: Intake Trainee52', and 'Location: EOHHS'. Below this are links for 'Suspend Application' and 'Cancel Application'. A list of application steps is shown with checkboxes: 'Initiate Application' (checked), 'Personal Information' (checked), 'Income Information' (checked), 'Insurance Information' (unchecked), 'Additional Information' (unchecked), and 'Submit Application' (unchecked). The main content area is titled 'Other Income Information' and contains the following fields: 'Does anyone in the household have other income?\*' (Yes), 'Who has other income?\*' (Anna Boulivar), 'Other Income Category:' (Other Income), 'Other Income Type:' (Child Support), 'Payment Period:' (Monthly), and 'Amount of other income:' (\$ 50). At the bottom are three buttons: 'Save and Add Another', 'Cancel and Go Back', and 'Save and Continue'.

To complete the **Other Income Information** page:

1. Respond to the initial question: Does anyone in the household have other income?
2. If not, select 'No' and click **Save and Continue**.
3. If any household member has income other than wages, select 'Yes' and complete the applicable fields.
4. Click **Save and Add Another** if more than one household member has other income or one member has more than one type of other income.
5. Click **Save and Continue**.

*The Medicare Information page appears.*



## DRAFT – FOR PILOT USE ONLY

### Insurance Information: Medicare

Complete the Medicare Information page.

To complete the **Medicare Information** page:

1. Respond to the initial question: Is anyone in the household covered by Medicare?
2. If not, select 'No' and click **Save and Continue**.
3. If any household member is covered by Medicare, select 'Yes' and complete the applicable fields.
4. Click **Save and Continue**.  
*The **Medical Insurance Information** page appears.*

### Insurance Information: Medical Insurance Information

If any household member is currently covered by any medical insurance policy the details, can be entered on this page.

To complete the **Medical Insurance Information** page:

1. Respond to the initial question: Is anyone in the household, including absent parents, covered by a medical insurance policy (other than Medicare)?
2. If not, select 'No' and click **Save and Continue**.
3. If anyone in the household is covered by any medical insurance policy (other than Medicare), select 'Yes' and complete the applicable fields.



**Insurance  
Information:  
Medical  
Insurance  
Information**  
(Continued)

- 
4. Click **Save and Add Another** if more than one household member has insurance that is different than what is already entered.
  5. Click **Save and Continue**.  
*The **Primary Care Provider Insurance** page appears.*
-





## DRAFT – FOR PILOT USE ONLY

### Additional Information: Primary Care Provider Information

If the applicant currently has a primary care provider, the details can be entered on this page.

**App#:** 107292  
**User:** Intake Trainee52  
**Location:** EOHHS  
[Suspend Application](#)  
[Cancel Application](#)

☒ [Initiate Application](#)  
☒ [Personal Information](#)  
☒ [Income Information](#)  
☒ [Insurance Information](#)  
☒ [Additional Information](#)  
☐ [Submit Application](#)

#### Primary Care Provider Information

Does anyone in the household have a primary care provider? **\*** Yes

**Provider Name:**  
First name:  Middle name:  Last name:  Suffix:

Who in the household sees this primary care provider? **\***  
☒ Anna Boulivar

**Provider Address:**  
Street Number:  Suffix:   
Street Name:  Street Type:  Unit:   
City:  State:  Zip or Postal Code:  -

[Save and Add Another](#)  
[Cancel and Go Back](#) [Save and Continue](#)

To complete the **Primary Care Provider** page:

1. Respond to the initial question: Does anyone in the household have a primary care provider?
2. If not, select 'No' and click **Save and Continue**.
3. If yes, select 'Yes' and complete the applicable fields.
4. Click **Save and Add Another** if any household member has a different primary care provider.

You are now ready to submit your application.

5. Click **Save and Continue**.  
*The **Application Confirmation** page appears.*



**Notes:**



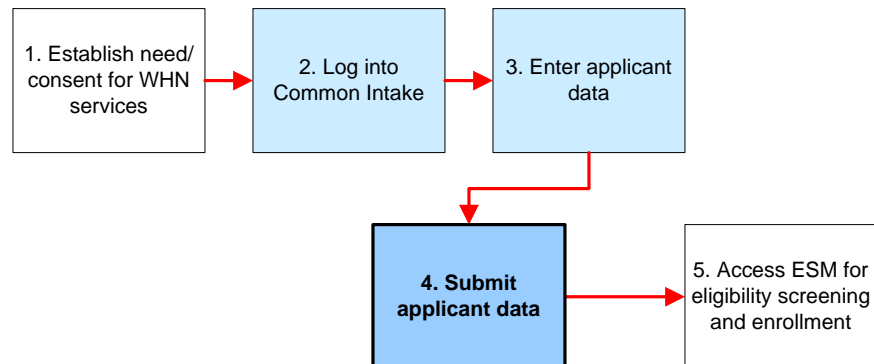
## DRAFT – FOR PILOT USE ONLY

### Chapter 5: Submitting the Application

---

#### Introduction

Submitting a completed application (Step 4 in the process flow) includes reviewing the application, printing forms, and gathering signatures.



This chapter walks you through each of the steps in the Submit module that are required to submit a completed WHN Common Intake application. These steps include:

1. Confirm the programs and those applying
  2. Print forms, review data, revise if necessary
  3. Gather signatures (where applicable)
  4. Submit the application
  5. Print the confirmation and next steps for the applicant
- 

**Submit Module:** The Application Confirmation page confirms the household member's name(s) and the program(s) for which they are applying. Additional questions may also display depending on the demographics of the applicant(s).

---

**Submit Module:  
Confirm  
Application**  
(Continued)

The following is an example of the **Application Confirmation** page.

<b>App#:</b> 107292 <b>User:</b> Intake Trainee52 <b>Location:</b> EOHHS <a href="#">Suspend Application</a> <a href="#">Cancel Application</a>	<b>Application Confirmation</b>  You have completed entering information to apply for the following people and programs:  Women's Health Network (WHN) • Anna Boulivar  If anyone in the household served in the military, or is a spouse, widow(er), parent, or dependent of anyone that served in the military, they may qualify for programs offered through the Department of Veteran Services.  Would you like more information regarding how to apply? * <input type="button" value="No"/> <input type="button" value="Yes"/>  Click on 'Save and Continue' to view and print a complete summary of the information entered. <b>The applicant will need to print and sign the application as well as provide verification(s) based on the information entered into this application.</b>  <input type="button" value="Cancel and Go Back"/> <input type="button" value="Save and Continue"/>
---	--

1. Review the applicant(s) name and programs
2. Respond to any questions regarding other programs
3. If you have any changes, use the **Cancel and Go Back** button or the links on the left to return to individual modules and make corrections.
4. Click **Save and Continue**.  
*The **Electronic Application Summary** page appears.*



## DRAFT – FOR PILOT USE ONLY

**Submit Module:** The **Electronic Application Summary** page provides you with a complete summary of all questions and responses for the application. This page can be printed and should be reviewed with the applicant for accuracy.

Executive Office of Health and Human Services	
<b>Electronic Application Summary</b>	
Please review this application for accuracy. If you would like to change anything entered, please click the Cancel and Go Back button below to return to the previous page. Use the side bar links to return to the section of the application with the information that must be changed.	
<b>Application for Health and Human Services</b>	
Application Number:	107292
Date:	January 31, 2006 08:52:55 AM
<b>Programs</b>	
Applying for Programs:	Women's Health Network (WHN)
<b>Assisting Person Information</b>	
Who is providing information?	Household Member
<b>Head of Household Name and Address</b>	
Name:	Anna Boulivar
Homeless Indicator:	
Street Number:	100
Street Name:	Main
Suffix:	East
Street Type:	Street
Unit:	Apt 1212
City:	Boston
State:	Massachusetts
Zip or Postal Code:	02111
Does the household have a different mailing address?	No
<b>Personal Information</b>	
Name:	Anna Boulivar
Name Type:	Current Name
Is this person known by any other name?	No
Apply for services?	Yes
Primary care provider?	Yes
Provider Name:	George M Thoma
Who in the household sees this primary care provider?	Anna Boulivar
<b>Provider Address:</b>	
Street Number:	200
Street Name:	Lambeth
Suffix:	
Street Type:	Drive
Unit:	Suite 5
City:	Boston
State:	Massachusetts
Zip or Postal Code:	02111
<input type="button" value="Cancel and Go Back"/> <input type="button" value="Save and Continue"/> <input type="button" value="Print"/>	

1. Use the **Print** button at the bottom of the page to print the summary.
2. Review the summary.
3. Use the **Cancel and Go Back** button if you need to revise any information.
4. Click **Save and Continue**.  
*The **Electronic Application Signature** page appears.*

**Submit Module:  
Electronic  
Application  
Signature Page**

The signature page should be printed and provided to the applicant for signature. You may retain this page in your case file.

Executive Office of Health and Human Services	
<b>Electronic Application Signature Page</b>	
<b>Application for Health and Human Services</b>	
Application Number:	107292
Date:	January 31, 2006 08:53:42 AM
Provider:	EOHHS
<b>Programs</b>	
Applying for Programs:	Women's Health Network (WHN)
<b>Head of Household</b>	
Name:	
Homeless Indicator:	
Street Number:	
Street Name:	
Suffix:	
Street Type:	
Unit:	
City:	
State:	
Zip or Postal Code:	
Does the household address?	
Date of Birth:	
Social Security Number:	
<b>Use of Application</b>	
I understand that the information provided on this application will be used by EOHHS to determine eligibility for services in each program to which I am applying.	
<b>Special Instructions for Eligibility Representatives:</b>	
If you are acting on behalf of someone in filling out this application and signing below as an eligibility representative, a filled-out Eligibility Representative Designation Form must also be signed and submitted. Your signature on this application as an eligibility representative certifies that the information on this application and any supplements to it is correct and complete to the best of your knowledge.	
<b>For All Applicants or Eligibility Representatives:</b>	
I certify that I have read or had read to me the information on this application and on any supplements to it, and that I understand my rights and responsibilities. I certify under the penalty of perjury that the information on this application and any supplements to it is correct and complete to the best of my knowledge.	
Signature of applicant or eligibility representative	
_____	Date: _____
Signature of applicant or eligibility representative	
_____	Date: _____
Signature of applicant or eligibility representative	
_____	Date: _____
<div>Cancel and Go Back Save and Continue Print</div>	

1. Use the **Print** button at the bottom of the page to print the signature page.
2. Have applicant and other applicable household member sign.
3. Use the **Cancel and Go Back** button if you need to revise any information.
4. Click **Save and Continue**.  
*The **Submit Application** page appears.*



## DRAFT – FOR PILOT USE ONLY

**Submit Module:** The **Submit Application** page is the last page that allows you to edit the information in your application. You can use the **Cancel and Go Back** button or the links on the left to change information.

**Submit Application**

If there are any additional forms required for review or signature, they will be listed for you here and you will need to check the appropriate box to indicate that the forms have been given to the applicant. For WHN applications, there are no additional forms.

Before submitting, you will need to check the confirmation box indicating that you witnessed the applicant review the information and sign the signature page.

**App#: 107292**  
**User:** Intake Trainee52  
**Location:** EOHHS  
[Suspend Application](#)  
[Cancel Application](#)

☒ [Initiate Application](#)  
☒ [Personal Information](#)  
☒ [Income Information](#)  
☒ [Insurance Information](#)  
☒ [Additional Information](#)  
☒ [Submit Application](#)

**Submit Application**

As part of the application process, the applicant must print and sign the application as well as review any additional forms. Please click on the 'Submit' button after receiving the signed application and reviewing the appropriate information with the applicant.

**Additional Forms for Applicant Review:**  
This application will be submitted for the services below. If the service requires you to share additional forms or documents with the applicant and you did not yet print the information, please click on 'Cancel and Go Back' to access and print the applicable items.

**Women's Health Network (WHN):**  
No additional forms

**Please indicate that the applicant has reviewed their application and that signed application was received.**

\* ☒ The applicant has reviewed this information and has signed the common application.

Click on the 'Submit' button below after the application and all applicable forms have been printed and have been reviewed and signed by the applicant.

[Cancel and Go Back](#) [Submit Application](#)

1. Check the appropriate box to indicate that any additional required forms (if applicable) have been given to the applicant

**Note:** If there are any additional forms required for review or signature, they will be listed here. For WHN applications, there are no additional forms.

2. Use the **Cancel and Go Back** button or the links on the left to change information, if applicable.
3. Check the confirmation box indicating that you witnessed the applicant review the information and sign the signature page.
4. Click **Submit** to submit the electronic application to the Virtual Gateway system for processing.

*The **Confirmation of Submittal and Next Steps** page appears.*

**Submit Module:  
Confirmation of  
Submittal and  
Next Steps**

This is the last page of the online application process.

The **Confirmation of Submittal and Next Steps** page confirms:

- That the application was submitted
- What programs were applied for and by whom
- What the next steps are for each program
- What verifications are required for each applicant for each program

**Confirmation of Submittal and Next Steps**

**Application Number:** 107292  
**Head of Household Name:** Anna Boulivar  
**Date of Birth:** 05/05/1962  
**Date Submitted:** 01/31/2006

An application has been submitted for the following people and programs:

**Women's Health Network (WHN)**  
• Anna Boulivar

We have submitted your application for the programs listed below. You must follow the instructions below in order to complete the application process for all programs.

Program Name	Contact Information	Instructions for completing application process	Applicant Name and Verification Item
		<ul style="list-style-type: none"><li>• For help finding a Women's Health Network enrollment site or to get more information about Women's Health Network</li></ul>	• Address

Verification Item	Acceptable Verification Documents
Wage Income	<ul style="list-style-type: none"><li>• Recent Pay Stubs:<ul style="list-style-type: none"><li>• i. 1 from the past 30 days for WIC</li><li>• ii. 2 from the past six months for MassHealth or Women's Health Network</li><li>• iii. 4 within the past six weeks for Food Stamps</li></ul></li><li>• MassHealth and Women's Health Network will also accept the most recent Federal 1040 Tax Return if pay stubs cannot be supplied</li><li>• Statement of military earnings (gross)</li><li>• Letterhead statement of gross monthly or weekly earnings</li></ul>
Name (Identity)	<ul style="list-style-type: none"><li>• Birth Certificate</li><li>• Passport</li><li>• Driver's License</li><li>• Military ID</li><li>• Certificate of US citizenship</li><li>• Certificate of naturalization</li><li>• Alien Registration</li><li>• Original Social Security Card</li><li>• Hospital Birth Record</li><li>• Baptismal Certificate</li><li>• Court Records</li><li>• Employment Papers</li><li>• Health Benefits ID</li><li>• Marriage License</li><li>• School ID</li></ul>





## DRAFT – FOR PILOT USE ONLY

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**Submit Module:**  
**Confirmation of**  
**Submittal and**  
**Next Steps**  
(Continued)

Follow these steps to complete the Common Intake process:

1. Print Confirmation of **Submittal and Next Steps** page.
2. Review Next Steps for each program and any required verifications with the applicant.
3. Provide applicant with a copy of the **Next Steps** instructions.  
*The Common Intake process is complete.*

---

Once the Common Intake application has been submitted for Women's Health Network, the next step is to log into ESM and conduct eligibility screening. For more information on that process, please refer to the *Eligibility Determination and Enrollment* module of the *Intake, Eligibility and Enrollment* course.

---



**Notes:**



## DRAFT – FOR PILOT USE ONLY

### Chapter 6: Additional Features

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#### Introduction

There are additional features available in Common Intake that can help in the administration of your applications. This chapter provides steps and actions to utilize these features. The chapter includes:

- Using the Eligibility Screening Tool
  - Using the Virtual Gateway catalog
  - Searching for applications
  - Managing incomplete applications
  - Creating reports
- 

#### Eligibility Screening Tool

The **Eligibility Screening Tool** is available to both the public and providers. As a provider, you can help clients find out their eligibility for Health and Human Service Programs, and then complete and submit an application/referral for those programs.

**Note:** All information in the screening tool is completely anonymous and not saved. Applicant information must be supplied during the application process.

---

#### Eligibility Screening Tool (Continued)

The following is an example of the **Provider Welcome** page with the Screening Survey highlighted.

From the **Provider Welcome** page, click the **Complete a Screening Survey** link to access the Screening Tool.

*The **Welcome to the Screening Survey** page appears.*

---



## Eligibility Screening Tool (Continued)

Screening

### Welcome to the Screening Survey

Here's how it works: The screening survey asks questions about people in the household. The screening survey compares your answers with the program rules. For each program, you will see if it looks like the household or individuals in the household may qualify. If not, you will see the reason why it looks like the household will not qualify. You will also see the next steps to apply for each program.

The rules for each program are complex, and this screening survey does not ask enough questions to give an official answer. If you are interested in a program, you should contact the agency or program for additional information, even if the screening survey said that you may not qualify.

You do not need to provide any personal information such as a name or address to use the screening survey. None of the information you provide about your household in the screening survey is saved or used for any purpose beyond your initial screening.

Below are the programs for which you can screen. You may select one or all of the listed programs below. The information you enter into the screening survey is not kept by anyone. Answering the questions correctly will give a more accurate result. Note: This is not a complete list of programs offered by the Commonwealth of Massachusetts. To learn more about other programs, [click here](#).

**What programs do you want to screen for?**

- ☐ Screen for all listed programs
- ☒ [Women, Infants and Children Nutrition Program](#)
- ☐ [Health Insurance and Health Assistance Programs](#)
  - MassHealth
  - Healthy Start
  - Children's Medical Security Plan (CMSP)
  - MassHealth for Seniors and People Needing Long-Term-Care Services at home
- ☐ [Uncompensated Care Pool](#)
- ☐ [Substance Abuse Program \(Includes gambling\)](#)
- ☒ [Women's Health Network \(WHN\)](#)
- ☐ [Food Stamps Benefits](#)
- ☐ [Child Care Subsidy](#)
- ☐ Veterans' Services
  - [Local Veterans' Services](#)
  - [Services for veterans seeking inpatient, outpatient, or domiciliary care \(Chelsea Soldiers' Home\)](#)
  - [Services for veterans seeking inpatient, outpatient, or domiciliary care \(Holyoke Soldiers' Home\)](#)
- ☐ Community Services and Long-term Support
  - [Home care services for elders \(or seniors\)](#)
  - [Vocational rehabilitation services](#)
  - [Services for individuals who are legally blind](#)

Go Back

Continue

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To complete the screening survey:

1. Choose service(s) for which the applicant would like to assess potential eligibility by checking the check boxes.
2. Click **Continue** to apply your selection.  
*The **Screening Survey** page appears.*



## DRAFT – FOR PILOT USE ONLY

### Eligibility Screening (Continued)

Screening

Screening Survey

**Personal Information**  
1. How many people are in the [household](#)? 2  
2. How old are the people in the [household](#) (check all that apply)?  
☐ 0-2 years  
☐ 3-4 years  
☐ 5-12 years  
☒ 13-16 years  
☐ 17 years  
☐ 18 years  
☒ 19-39 years  
☐ 40-59 years  
☐ 60-64 years  
☐ 65 years or greater  
3. Is anyone pregnant? No  
4. Is there a female aged 18-39? Yes  
5. Is there a female aged 40 or over? No  
**Income**  
6. How much money does the [household](#) [earn](#)? \$ 225 Per week  
7. How much money does the [household](#) get [other than earnings](#)? \$ 53 Per week  
**Health-Related**  
8. Does anyone have medical insurance or is anyone enrolled in Medicare Part B? No  
9. Does anyone aged 18 - 39 have a personal or family history of breast or ovarian cancer? Yes  
10. Has any female aged 18 - 39 NOT had a pap smear in the last 5 years? Yes  
11. Is anyone breastfeeding or has anyone had a baby in the last six months? No

Reset

Go Back Continue

3. Answer all screening questions.

**Note:** Most questions default to 'No.' Be sure to read each question carefully before answering. Some questions are asked based on responses to previous questions.

4. Click the **Continue** button at the bottom of the page.

If necessary, correct any errors (errors display at the top of the page in red) and click **Continue**.

5. The **Continue** button will activate the **Intake Eligibility and Referral** check to determine potential eligibility status and instructions.

*The **Screening Results** page appears.*

**Eligibility  
Screening**  
(Continued)

Potential eligibility status results are presented in two categories:

- May be eligible (A)
- Does not appear to be eligible (B)

Screening Results

Thank you. We have compared your answers to the rules for each selected program. Please note that these results are not official. For an official result, you must apply to the program, and answer more questions than this survey asked. See the "To Apply" instructions in the results section.

If you apply, the program will decide for each person who qualifies.

Based on the answers you gave, one or more people in the household **may** qualify for the programs shown in the table below. To apply, see the directions in the far right column.

May qualify:	Comments:	To Apply/Inquire:
<a href="#">Women's Health Network</a>	Must reside in Massachusetts	Apply Below or: You must enroll at a Women's Health Network medical service site. For help finding a WHN medical service site or to get more information, call 1-877-414-4447 (TTY 617-624-5992). This toll-free number includes messages in English, Spanish, and Portuguese. Many locations can provide services in Spanish as well as in other languages. Call to find out which location best fit your needs.

Based on the answers you gave, the household **does not** appear to qualify for the programs shown in the table below. A possible reason as to why the household may not qualify is shown. Note: You may still apply for these programs. To apply, see the directions in the far right column.

Does not appear to qualify:	Reason:	To Apply/Inquire:
<a href="#">Women, Infants and Children Nutrition Program</a>	No child under 5, not pregnant, and not breastfeeding	Apply Below or: Contact your local WIC office or call 1-800-WIC-1007 (1-800-942-1007) to schedule an appointment. A face-to-face interview is required.

**Apply:**  
Please select the program(s) for which you want to apply and click on the Apply button. You will need to provide information to finish the application. If you do not want to apply, click on Close.

- ☐ Assistive Technology Fund for the Deaf and Hard of Hearing
- ☐ Case Management and Social Services for the Deaf and Hard of Hearing
- ☐ Child Care
- ☐ Food Stamps Benefits
- ☐ Home care services for elders (or seniors)
- ☐ MassHealth (includes Healthy Start, Children's Medical Security Plan (CMSP) and MassHealth for Seniors and People Needing Long-Term-Care Services at Home, or Uncompensated Care Pool (UCP))
- ☐ Services for adults with mental retardation
- ☐ Services for children with mental retardation or developmental disabilities
- ☐ Services for individuals who are legally blind
- ☐ Services for veterans seeking inpatient, outpatient, or domiciliary care (Chelsea Soldiers' Home)
- ☐ Services for veterans seeking inpatient, outpatient, or domiciliary care (Holyoke Soldiers' Home)
- ☐ Vocational rehabilitation services
- ☒ Women's Health Network (WHN)
- ☐ Women, Infants and Children Nutrition Program

[Click here to make changes to this survey](#)  
[Click here to start a new survey](#)

Close Apply Print

6. At the bottom of the page in the **Apply** section, check the boxes to indicate the programs for which the client would like to apply.

7. Click the **Apply** button.

*The **Online Application for Services** page appears.*

**Tip:** The **Apply** button navigates the user to the **Common Intake Data Collection Tool**. Programs will be automatically selected but no applicant data will be retained.

Enter the online application in accordance with instructions outlined in the previous chapters.



## DRAFT – FOR PILOT USE ONLY

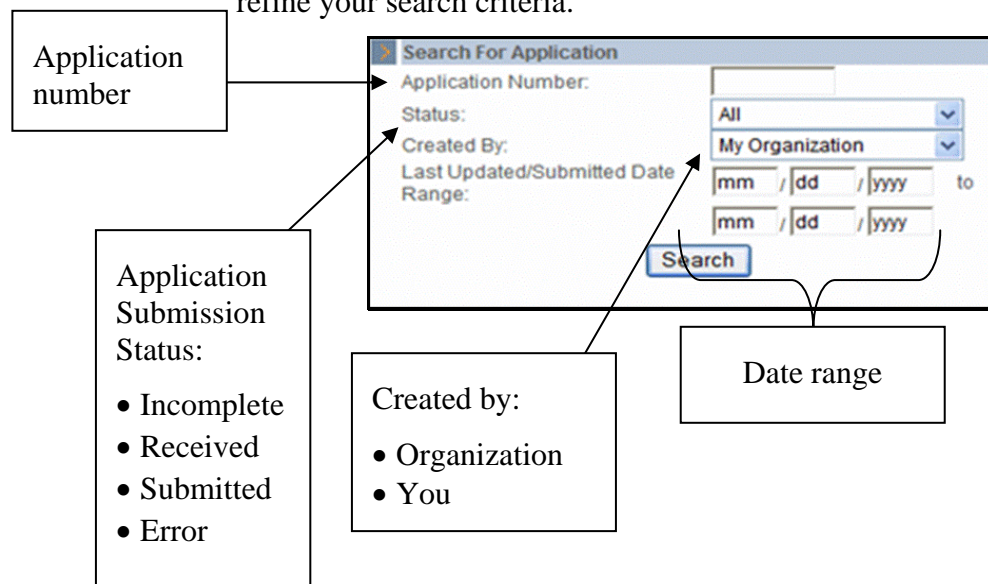
### Search for Application

The Search for Application feature allows you to search for all online applications submitted by your facility, view eligibility and submission status, and view information for submitted applications.

Searches are initiated through the provider dashboard:

The screenshot shows the 'Health and Human Services' dashboard. On the left, a sidebar lists options: 'What Would You Like to Do Today?' with links for 'Start a New Application', 'Complete a Screening Survey', 'Submit Common Intake Feedback', 'Check MassHealth Member Status (REVS)', 'Frequently Asked Questions', and 'Search For MassHealth Applicant'. The main content area shows 'Current Location: EOHHS' and a 'Search For Application' form. The form includes fields for 'Application Number', 'Status' (dropdown menu), 'Created By' (dropdown menu), 'Last Updated/Submitted Date Range' (two date pickers), and a 'Search' button.

The following diagram illustrates the features available to help you refine your search criteria.



To search for an application:

1. Enter search criteria (if desired).

Click **Search**.

*The **Application Search Results** page appears.*



## Search for Applications

(Continued)

Applications meeting search criteria will display.

**Note:** Only the first 200 applications will display. If the application you are seeking does not display, try modifying your search criteria.

The search results lists each application on a separate line displaying:

- Application number. You can click on this link to view the forms that printed at the end of your application (e.g., Application Summary, Signature Page, Confirmation of Submittal and Next Steps).

**Note:** This link is only available for one year from the submit date. After one year, the application will display in the list, but the *Application Number* and *Status* links will no longer be active.

- Submission Status
- First and Last Name of Head of Household
- Submit Date *or*
- Last Updated Date (for incomplete applications)
- Last Modified By date
- View Status link – click this link to view the most recent eligibility determination for most programs

Health and Human Services							
Mass.gov							
Mass.Gov Home Help							
Application Search Results:							
Application Number	Submission Status	Head of Household		Submit Date	Last Updated Date	Last Modified By	View Status
		Last Name	First Name				
<a href="#">107355</a>	Submitted	queen	teen	02/03/2006		itrainee27	<a href="#">Status</a>
<a href="#">107354</a>	Error	melon	helen	02/03/2006		itrainee29	
<a href="#">107353</a>	Submitted	Valley	Lilly	02/03/2006		itrainee28	<a href="#">Status</a>
<a href="#">107349</a>	Submitted	Bud	Rose	02/03/2006		itrainee28	<a href="#">Status</a>
<a href="#">107348</a>	Submitted	queen	delta	02/03/2006		itrainee27	<a href="#">Status</a>
<a href="#">107347</a>	Submitted	scary	mary	02/03/2006		itrainee29	<a href="#">Status</a>
<a href="#">107344</a>	Submitted	Jones	Stan	02/02/2006		itrainee55	<a href="#">Status</a>
<a href="#">107343</a>	Incomplete	James	Lynelle	02/02/2006		itrainee59	
<a href="#">107093</a>	Submitted	martinez	nirsin	01/17/2006		itrainee2	<a href="#">Status</a>
<a href="#">107080</a>	Submitted	Sample	Sam	01/17/2006		itrainee17	<a href="#">Status</a>
<a href="#">107079</a>	Submitted	mills	sandy	01/17/2006		itrainee8	<a href="#">Status</a>
<a href="#">107078</a>	Submitted	dong	ding	01/17/2006		itrainee10	<a href="#">Status</a>
Previous   <a href="#">Next</a>							
<a href="#">Go Back</a>							

Use the **Previous/Next** links to navigate to additional pages.

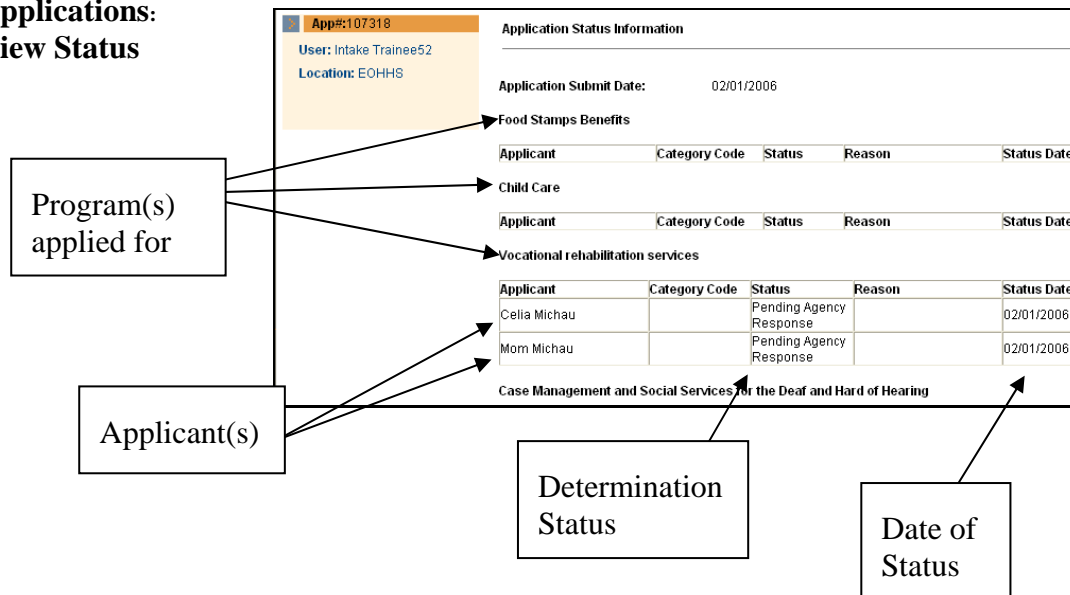




## DRAFT – FOR PILOT USE ONLY

### Search for Applications: View Status

Display application status information:



### Incomplete Applications

Incomplete applications occur when:

- A user suspends an application that is in process
- If the application process is interrupted due to technical problems



## Incomplete Applications

(Continued)

You may continue applications that have been suspended or are incomplete:

Health and Human Services

Mass.gov

Welcome Intake Trainee52 Current Location EOHHS

**What Would You Like to Do Today?**

- [Start a New Application](#)
- [Complete a Screening Survey](#)
- [Submit Common Intake Feedback](#)
- [Check MassHealth Member Status \(REVS\)](#)
- [Frequently Asked Questions](#)
- [Search For MassHealth Applicant](#)
- [Enter Application Inbox](#)
- [View the latest Virtual Gateway Training Materials](#)

**Incomplete Applications**

- [Incomplete for Yourself](#)
- [Incomplete applications for EOHHS](#)

**Search For Application**

Application Number:

Status:

Created By:

Last Updated/Submitted Date Range:  to

**Create a Report**

Programs Applied For:

Status:

Last Updated/Submitted Date Range:  to

## Accessing Incomplete Applications

Incomplete applications can be displayed by the Intake worker (Incomplete for Yourself) who entered the information or by the organization (Incomplete applications for EOHHS) where the application was entered:

To access an incomplete application:

1. Access the Provider Dashboard.
2. Select **Incomplete for Yourself** (or **Incomplete applications for your facility** if you need to complete an application started by another member of your organization).

**Incomplete Applications**

- [Incomplete for Yourself](#)
- [Incomplete applications for EOHHS](#)

*The list of incomplete applications appears.*

**Caution:** Applications in this list have not been submitted and will only be available for 60 days.



## DRAFT – FOR PILOT USE ONLY

### Accessing Incomplete Applications (Continued)

Health and Human Services			
		Mass.gov	
		Mass.Gov Home	Help
Welcome Intake Trainee52			
Intake Trainee52 - EOHHS			
Application Number	Head of Household		Application Expiration Date
	Last Name	First Name	
107342	Aarons	Lucille	04/03/2006
107302	Boulivar	Anna	04/02/2006

Please note that pending applications will expire 60 days after the date last viewed or updated.  
Applications in red with a \* will expire in less than 7 days.

[Go Back](#)

- Identify the desired application by locating the name of the head of household and/or application number.
- Click the application number to open the incomplete application.

**Result:** *The Initiate Application page appears.*

- Use the **Edit** and **Change** links to modify the program selection or assisting person information, if applicable.

**Start Application Summary**

User: Intake Trainee52  
Location: EOHHS  
[Cancel Application](#)

**Programs**  
Applying for Programs: Women's Health Network (WHN) [Edit](#)

**Assisting Person Information**  
Who is providing information? Household Member [Change](#)

[Save and Continue](#)

- Click **Save and Continue** to continue the application.

### Reports

Reports are available in Common Intake that provide statistics regarding application count, type, and date. Reports are generated from the Provider Dashboard.

[Training Materials](#)

**Create a Report**

Programs: Child Care  
Applied: MassHealth  
For: Food Stamps Benefits  
Women's Health Network (WHN)

Status: All

Last Updated/Submitted Date Range: mm / dd / yyyy to mm / dd / yyyy

[Create Report](#)



## Selecting Report Criteria

To create a report:

1. Select desired criteria. Selecting criteria is optional.
  - a. **Programs Applied For:** Select one or multiple (hold down your Ctrl key to select multiple programs)
  - b. **Status:** This is submission status, not determination status. You can select only one choice from the list: All, Incomplete, Submitted, Received, Error, and Deactivated.
  - c. **Last Updated/Submitted Date Range:** Enter range for report in MMDDYYYY format

**Create a Report**

Programs Applied For: Child Care, MassHealth, Food Stamps Benefits, Women's Health Network (WHN)

Status: All

Last Updated/Submitted Date Range: 01/01/2006 to 01/31/2006

Create Report

Click **Create Report**.

*The **Report Results** page appears.*

Report Results		
Last Updated/Submitted Date Range: 01/01/2006 to 01/31/2006		
Number of Applications:	Status:	Program(s) Applied for:
10	Deactivated	MassHealth
1	Error	MassHealth
22	Incomplete	MassHealth
131	Submitted	MassHealth
2	Deactivated	Food Stamps Benefits
1	Incomplete	Food Stamps Benefits
56	Submitted	Food Stamps Benefits
2	Deactivated	Women's Health Network (WHN)
2	Incomplete	Women's Health Network (WHN)
56	Submitted	Women's Health Network (WHN)

2. Click [Go Back](#) to return to the Provider Dashboard.



## DRAFT – FOR PILOT USE ONLY

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### Getting Help

If you have additional questions, you can contact the Virtual Gateway Help Desk at:

1-800-421-0938

The Help Desk is available to assist you with:

- General questions regarding the Virtual Gateway
- Technical questions or system issues
- Virtual Gateway password resets

Please be prepared to provide the following:

- Name, organization, phone number, e-mail address
- Application Number (if applicable)
- Screen/field you were working on (if applicable)
- Description of the issue or error message
- Perceived criticality

**Note:** If the Help Desk is unable to resolve your issue while on the phone, a ticket number will be issued along with any relevant workarounds.

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**Notes:**